

## CLAIMS ONLY

Application Number

10/536,694

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend.	6					
Total Claims	8					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend.						
Total Claims						